

2024 Arkansas Teacher of the Year Candidacy Approval Form

I hereby give my permission for any or all of the attached materials (other than home address, telephone, and private e-mail) to be shared with persons interested in promoting the Arkansas Teacher of the Year Program. My signature denotes that I verify the information provided in this application is true, correct, and complete. I also acknowledge that if selected as the 2024 Arkansas Teacher of the Year, I will be released from classroom responsibilities during the year of my recognition in order to fulfill the obligations inherent in the honor, and I also understand that I will begin training for my year of service during the upcoming spring semester.

Signature of Candidate _____ Date _____

Administrators' Acknowledgements of Candidate's Obligations

I acknowledge that if the candidate is selected as the 2024 Arkansas Teacher of the Year, he/she will be released from classroom responsibilities during the year of service in order to fulfill the obligations inherent in the honor, and I also understand that he/she will begin training for the year of service during the upcoming spring semester. By signing this acknowledgement, I hereby agree to the obligations of the candidate.

SCHOOL/BUILDING PRINCIPAL

Name _____ Title _____

School Name _____

School Address _____

City State Zip Code Telephone

Signature of School Principal _____ Date _____

SCHOOL DISTRICT SUPERINTENDENT

Name _____ Title _____

District Name _____

District Address _____

City State Zip Code Telephone

Signature of District Superintendent _____ Date _____

DISTRICT TEACHER OF THE YEAR PROGRAM COORDINATOR

Name _____ Title _____

Agency _____

Address _____

City State Zip Code Telephone

Coordinator Signature _____ Date _____